SHORT FORM
orm 450
1 of 3
For Official Use Only
y Statement Odd-year Report nental Pre-election nt - Attach Form 495
_
AREA CODE/PHONE
2132521307
_

Recipient Committee Campaign Statement — Short Form	Type or print in	ı ink.	Date Stamp	CAI	SHORT FORM
see instructions on reverse					FORM 430
For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.	Statement covers period from 07/01/2017	Date of election if applicable: (Month, Day, Year)		Page	For Official Use Only
	through 12/31/2017				
O Primary Formed O Sp	ral Purpose Committee consored nall Contributor Committee	2. Type of Stateme ☐ Pre-election Stater ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Explain (also check type of state)	ment ment ment	☐ Specia ☐ Supple	rly Statement I Odd-year Report mental Pre-election ent - Attach Form 495
3. Committee Information	I.D.NUMBER 1255096	Treasurer(s)			
COMMITTEE NAME		NAME OF TREASURER			
AFSCME LOCAL 741 PAC		SEAN RIVAS			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		LOS ANGELES	CA	90020	2132521307
CITY STATE ZIP C	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUL	RER, IF ANY		
LOS ANGELES CA 9002: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS 2134879822		OPTIONAL: FAX/E-MAIL ADDRE SMRIVAS.741@GMAIL.COM	SS		
4. Verification I have used all reasonable diligence in preparing and revunder penalty of perjury under the laws of the State of Control Executed on O1/31/2018 Executed on DATE Executed on DATE	alifornia that the foregoing is true a By <u>SEAN RIVAS</u>	pest of my knowledge the informational correct. SIGNATURE OF TREASURER OR ASS NTROLLING OFFICEHOLDER, CANDIDATE, STA SIGNATURE OF CONTROLLING OFFICEHOLE	ISTANT TREASURER TE MEASURE PROPONENT (OR RESPONSIBLE (DFFICER OF SPONSOR
Executed on	Ву		AFD CAMPIDATE OT/		

FPPC Form 450 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recinient Committee

Type or print in ink

Recipient Committee Campaign Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from07/01/2017		california 450	
		through	12/31/2017	Page 2	of 3	
NAME OF COMMITTEE AFSCME LOCAL 741 PAC				I.D. NUMBER 1255096		
Expenditures Made						
1. Expenditures of \$100 or more made this period				\$1,000.00		
2. Expenditures under \$100 made this period (Not itemized.)				\$0.00		
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD			Add Lines 1 + 2	\$1,000.00		
4. Nonmonetary Adjustment			From Line 8 Below	\$0.00		
5. Total expenditures made from previous statement (If this is the first statement for the calendar year, enter zero.)	l	Previous S	ummary Page, Line 6	\$3,224.00		
6. TOTAL EXPENDITURES MADE TO DATE			Add Lines 3 + 4 + 5	\$4,224.00		
Contributions Received						
7. Monetary contributions received this period				\$2,685.66		
8. Non-monetary contributions received this period				\$0.00		
9. Total contributions received from previous statement	P	revious Su	mmary Page, Line 10	\$809.70		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE			Add Lines 7 + 8 + 9	\$3,495.36		
Current Cash Statement						
11. Beginning cash balance	P	revious Su	mmary Page, Line 15	\$9,111.54		
12. Cash receipts this period			Line 7 above	\$2,685.66		
13. Miscellaneous increases to cash				\$0.00		
14. Cash expenditures this period			Line 3 above	\$1,000.00		
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11	+ 12 + 13,	then subtract Line 14	\$10,797.20		

Recipient Committee Campaign Statement - Short Form—

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2017	CALIFORNIA FORM	450
through	Page _3	of <u>3</u>
	I.D. NUMBER	

NAME OF COMMITTEE

SEE INSTRUCTIONS ON REVERSE

AFSCME LOCAL 741 PAC

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAM OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	ME AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE
20/2017	CALIFORNIA YOUNG DEMOCRATS LONG BEACH, CA 90802 Committee ID: 810710	2017 BIENNIAL CYD LAKE TAHOE RETREAT SPONSORSHIP		\$500.00	\$0.00 Other
			Support Oppose Contribution Ind. Exp		
/20/2017	CALIFORNIA COLLEGE DEMOCRATS SACRAMENTO, CA 95815 Committee ID: 1277253	CDA SPONSORSHIP		\$250.00	\$0.00 Other
			Support Oppose Contribution Ind. Exp		
LOS ANGELES COUNTY YOUNG DEMOCRATS SACRAMENTO, CA 95815 Committee ID: 921188	BROWN AWARDS SPONSORSHIP		\$250.00	\$0.00 Other	
			Support Oppose Contribution Ind. Exp		
					Calendar Year
					Other
			Support Oppose Contribution Ind. Exp		
		1	SUBTO	TAI \$1,000.00	